

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)
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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								*			
1	/							51	7								
2	/							52	7								
3	/							53									
4	/							54									
5	/							55									
6	/							56									
7	/							57									
8		7						58									
9		7						59									
10		7						60									
11		7						61									
12		7						62									
13		7						63									
14		7						64									
15		7						65									
16		7						66									
17		7						67									
18		7						68									
19		7						69									
20		7						70									
21		7						71									
22		7						72									
23		7						73									
24		7						74									
25		7						75									
26		7						76									
27		7						77									
28		7						78	7								
29		7						79	7								
30		7						80									
31		7						81									
32		7						82									
33		7						83	7								
34		7						84	7								
35		7						85	7								
36		7						86									
37		7						87									
38		7						88									
39								89									
40								90									
41								91									
42								92									
43								93	7								
44								94	7								
45								95									
46								96									
47								97									
48								98									
49								99									
50								100	7								
TOTAL IND.	11							TOTAL IND.									
TOTAL DEP.	63	7						TOTAL DEP.									
TOTAL CLAIMS	64							TOTAL CLAIMS									

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SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2	/						52							
3	/						53							
4	/	(1)					54							
5	/						55							
6	/						56							
7		/					57							
8	/						58							
9		3					59							
10	/	3					60							
11	/						61							
12	/						62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
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24							74							
25							75							
26							76							
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31							81							
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34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.														
TOTAL DEP.														
TOTAL CLAIMS														

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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45		7				
46		7				
47		7				
48		7				
49		7				
50		7				
TOTAL IND.	18					
TOTAL DEP.	65					
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		7				
52		7				
53		7				
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55		7				
56		7				
57		7				
58		7				
59		7				
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73		7				
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83		7				
84		7				
85		7				
86		7				
87		7				
88		7				
89		7				
90		7				
91		7				
92	1					
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**CLAIMS ONLY**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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63					
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92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS